CODE OF
PROFESSIONAL CONDUCT

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CODE OF PROFESSIONAL CONDUCT

The Orthoptic Association of Australia Incorporated (OAA Inc) has established this code of professional conduct for its members to ensure the general well-being and safety of patients and the community.

The aim of every orthoptist should be to command the respect of patients and the public and to ensure that the honour and dignity of the profession endures.

The medical profession in Australia adopted the Guidelines of the Declaration of Geneva, as approved by the World Medical Association and reaffirmed in 1983. The code as adopted by the Association is based on the English text of the International Code of Medical Ethics.

This code must be upheld by all members of the OAA Inc to ensure that the high standards of patient care established by the Profession continues.

Administration of Code

In case of any doubt over this code or its interpretation, guidance should be sought from the Council of the OAA Inc or the committee established to administer the code.

Breaches of the Code of Professional Conduct by members of the profession will be referred to the professional conduct committee for deliberation to ensure that no discredit is brought to the profession as a whole or to the Association.

The committee will ensure that matters referred to it are treated confidentially to ensure that no undue hardship is imposed on any member of the Association.

INTERNATIONAL CODE OF MEDICAL ETHICS FOR ORTHOPTISTS

1. An orthoptist will always maintain the highest standards of professional conduct.
2. An orthoptist shall not permit motives of profit to influence their free and independent judgement on behalf of patients.
3. An orthoptist shall always provide competent service with compassion and respect for human dignity.
4. An orthoptist shall always deal honestly with patients and colleagues, and expose those who engage in fraud or deception.
5. An orthoptist shall always respect the rights of patients and colleagues and safeguard patient confidences.
6. An orthoptist shall certify only that which has been personally verified.
7. An orthoptist owes the patient complete loyalty and all the resources of the science of the profession. When examination or treatment is beyond the orthoptists resources another person with the necessary ability should be summoned.
8. An orthoptist should preserve absolute confidentiality in all that is known about a patient even after the patient’s death.

9. An orthoptist shall not entice patients from colleagues.

10. An orthoptist shall not permit considerations of religion, race, party politics, sex or social standing to intervene in the duty to the patient.

PROFESSIONAL RELATIONSHIPS
There may be differing professional relationships between orthoptists and those that consult them. It is the duty of the orthoptist to inform the person with whom contact is made the nature of the relationship and in whose interest the orthoptist is acting.

a) Consultation by medical referral is the usual form of professional contact. The orthoptist is responsible to the patient and to the referring medical practitioner.

b) An orthoptist may act as an impartial examiner and report to a third party or engage in clinical or other research in their own interest or the interests of the advancement of medical science.

CONFIDENTIALITY
The orthoptist is responsible to the patient for the security and confidentiality of the information given. The orthoptist must preserve this secrecy with the following exceptions:

a) the patient gives consent;

b) the orthoptist’s overriding duty to society when required by due legal process;

c) for the purposes of medical research when approved by a clinical research committee;

d) the orthoptist is responsible for the disclosure of medical information to the extent to which consent has been given. This may include sharing of information with other persons concerned with the clinical care of the patient.

Consent given by the patient is only valid if the patient fully understands the nature and consequence of the disclosures that are to be made.

Information shared with doctors or members of other health professions may be given in the normal form of clinical report. In all other cases, information must be presented in the form of a report appropriate to the circumstances.

MEDICAL RECORDS
Medical information must be kept in a secure place.

Medical record information should be regarded as being held for the continuing well-being and care of the patient.

An individual should not be identifiable from data supplied for statistical or research information.
Medical records may be demanded by a court of law but disclosure should only be given to:

a) the person who is the potential or actual litigant,
b) his legal adviser, or
c) a medical adviser nominated by him, or
d) a combination or both b) and c).

RELATIONSHIP BETWEEN ORTHOPTIST AND PATIENT

The relationship between orthoptist and patient must remain one of absolute confidence and trust.

The patient has the right to consult any orthoptist. However in good medical practice it is desirable for one practitioner to be responsible for the overall management of a patient's condition.

If the patient is already under treatment but chooses to consult another orthoptist then the patient is at liberty to do so. Both practitioners should be informed of the patient's wishes.

An orthoptist is not at liberty to suggest to a patient that a second medical opinion be sought. However all patients have the right to consult any practitioner of their choosing.

MEDICAL REPORTS

The issuing of and writing of medical reports should be done with care. Only include those facts that have been established by the examining orthoptist issuing the report.

Requests for medical reports should always be directed to the referring practitioner.

For the patient's continuing well-being, consent must be obtained from the patient before divulging information to a third source. It is also advisable to inform the referring medical practitioner if any information is to be divulged to a third source.

ORTHOPTISTS IN PRACTICE

Orthoptists must maintain the highest standards of professional conduct towards patients and the community. Orthoptists must maintain their professional knowledge and competence. This is best achieved by affiliation with the Orthoptic Association of Australia Inc.

Legitimate means of proficiency, skill and success in the practice of the profession are the only means of self promotion.

Orthoptists should not allow themselves to be influenced merely by motives of profit as may be evidenced by unnecessary visits.

An orthoptist should not profit from the direct supply or sale of goods to patients.

Orthoptists must not exceed the legal limits of the profession by prescribing or authorising glasses or drugs, or in any other way.

In order to uphold the highest standards of professional conduct, orthoptists should co-operate loyally with colleagues and share experiences and new developments both with colleagues and undergraduates.

Orthoptists should co-operate with other health care professionals in the interests of patient comfort and well-being.
Orthoptists should seek professional employment only with those organisations and persons within the community whose practices are compatible with these guidelines of professional conduct.

**ADVERTISING**

Orthoptists may advertise their practice within the following guidelines:

Such advertising:
1. is not or intended to be false, misleading or deceptive;
2. is not disparaging of another practitioner’s practice or imply superiority of the practitioner over other practitioners;
3. does not contain testimonial or endorsements concerning the practitioner or practice;
4. does not contravene the Orthoptic Association of Australia Incorporated ‘Code of Professional Conduct’.

These guidelines are within the Commonwealth Government Trades Practices Act (revised 1994). Orthoptists should note any regulations relating to professional practice as specified by the State Government of the state within which the Orthoptist is practising.

**Media Contact**

All media contacts on behalf of, or pertaining to the Orthoptic Association of Australia Incorporated should first be endorsed by the President of the Orthoptic Association of Australia or a local representative of the Council before proceeding. Orthoptists should always be mindful of the ‘Code of Professional Conduct’ when making such statements. Any matters arising from such press coverage should be referred to a representative of Council of the Orthoptic Association of Australia Incorporated.

**ORTHOPTISTS IN PRIVATE PRACTICE**

An orthoptist may establish a private practice by purchasing an existing practice including the goodwill, by entering an established partnership, or by the establishing of a new practice. One should not damage the practice of a colleague particularly one with whom a professional relationship has recently been enjoyed.

All colleagues and referring practitioners should be informed of the establishment of a private practice.

All colleagues and referring practitioners should be informed of any change of address or telephone number.

Sharing of premises with other professional colleagues is acceptable, providing that patients are aware of their rights of freedom of choice in choosing their practitioner.

If the owner is not the principal practitioner in the practice then patients and the referring medical practitioners should be informed. It is advisable for the owner of an orthoptic practice to take an active interest in the care of patients.

An orthoptist may act as a locum or assistant in a private orthoptic practice.

**Conditions of Employment**

An agreement should always be made with the principal of the practice regarding rates of pay and hours of work. Any special conditions of employment should be agreed by both parties before commencement of employment.

Every orthoptist has an obligation not to damage the practice or professional reputation of the employer.
ETIQUETTE

Holders of the Diploma of the Orthoptic Board of Australia are entitled to use the letters DOBA as a recognition of their qualification.

Recognition of membership of the OAA Inc may also be included on cards, receipts and other information circulated to patients and colleagues in the normal operation of a practice by the use of the letters MOAA.

RESEARCH INVOLVING HUMAN SUBJECTS

The World Medical Association drew up a code of ethics on human experimentation amended and adopted at the 35th World Medical Assembly, Venice, Italy, in 1983. This code, known as the Declaration of Helsinki, is the basis of the code adopted by the Association.

The purpose of biomedical research involving human subjects must be to improve the diagnostic, therapeutic and prophylactic procedures and the understanding of the aetiology and pathogenesis of disease.

Research involving human subjects must conform to generally accepted scientific principles and should be based on adequately performed laboratory and animal experimentation and on a thorough knowledge of the scientific literature.

The Declaration of Helsinki is recommended to members and is available in the Medical Journal of Australia, February 14th, 1976, pp 206-207, or The Handbook of Medical Ethics published by the British Medical Association.

Research involving Children

Investigators who plan projects involving children should carefully consider the worth of the project.

Consideration should be given to whether the project can only be done using children.

Requirements for informed consent should be particularly stringent and parents should be aware of their right to withdraw a child at any time from the project.

It is advisable to prepare a brief written statement about the nature and purpose of the project that can be used as a consent form, with a copy being retained by the parent or guardian.

Orthoptists are advised to seek the guidance of local hospital ethics committees or the Association if any doubts exist regarding the research to be undertaken.